

Interior Inspection Checklist

Address: _____

Unit #: _____

Est. # of occupants in unit: _____

Code Section	2. GENERAL HEALTH & SAFETY OF UNIT	Comments	Init.	F/U		
BSC V7.14.2	a) Unit number/letter present					
BSC V5.1001.2	b) Evidence of infestation (specify where)					
BSC V5.701.1	c) Heating/Air					
BSC V5.1001.2.5	d) Hot/Cold Water					
BSC V5.504.3	e) Interior Air Quality					
BSC V5.1001.13	f) Smoke Detectors					
BSC V2.608.5	g) Water heater					
	h) Other (specify)					
Code Section	3. LIVING ROOM	Comments	Init.	F/U		
N/A	a) Living Room present					
BSC V5.1001.5	b) Electrical (outlets, switches, fixtures)					
BSC V7.15	c) Security/Locking Mechanism					
BSC V5.1001.8	d) Window Condition					
BSC V5.1001.3.6	e) Ceiling Condition					
BSC V5.1001.3.4	f) Wall Condition					
BSC V5.1001.3.2	g) Floor Condition					
BSC V5.1001.2/1001.8	h) Door Condition					
BSC V5.1001.3	i) Balcony (if applicable)					
	j) Other (specify)					
Code Section	4. KITCHEN	Comments	Init.	F/U		
BSC V5.505.3	a) Kitchen present					
BSC V5.1001.5	b) Electrical (outlets, switches, fixtures)					
BSC V5.1001.6	c) Plumbing (fixtures, hot/cold)					
BSC V7.15	d) Security/Locking Mechanism					
BSC V5.1001.8	e) Window Condition					
BSC V5.1001.3.6	f) Ceiling Condition					
BSC V5.1001.3.4	g) Wall Condition					
BSC V5.1001.3.2	h) Floor Condition					
BSC V5.1001.2/1001.8	i) Door Condition					
BSC V5.1001.2	j) Stove w/ oven					
BSC V5.1001.2	k) Refrigerator					
BSC V5.1001.2.3	l) Sink					
BSC V5.1001.2	m) Food storage/prep area					
	n) Other (specify)					
Code Section	5. BATHROOM	1	2	Comments	Init.	F/U
BSC V5.505.1	a) Bathroom (specify if full, 3/4, 1/2)					
BSC V5.1001.5	b) Electrical (outlets, switches, fixtures)					
BSC V5.1001.6	c) Plumbing (fixtures, hot/cold)					
BSC V7.15	d) Security/Locking Mechanism					
BSC V5.1001.8	e) Window Condition					
BSC V5.1001.3.6	f) Ceiling Condition					
BSC V5.1001.3.4	g) Wall Condition					
BSC V5.1001.3.2	h) Floor Condition					
BSC V5.1001.2/1001.8	i) Door Condition					
BSC V5.1001.2.1	j) Toilet					
BSC V5.1001.2.1	k) Wash Basin					
BSC V5.1001.2.1	l) Shower or tub					
BSC V5.504.3	m) Ventilation					
BSC V5.1001.8	n) Weather Stripping					
	o) Other (specify)					

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Code Section	6. BEDROOM	1	2	3	Comments	Init.	F/U
BSC V5.1001.5	a) Electrical (outlets, switches, fixtures)						
BSC V7.15	b) Security/Locking Mechanism						
BSC V5.1001.8	c) Window Condition						
BSC V5.1001.3.6	d) Ceiling Condition						
BSC V5.1001.3.4	e) Wall Condition						
BSC V5.1001.3.2	f) Floor Condition						
BSC V5.1001.2/1001.8	g) Door Condition						
BSC V5.1001.8	h) Weather Stripping						
BSC V5.1001.3	i) Balcony (if applicable)						
	j) Other (specify)						
Code Section	7. OTHER ROOM (SPECIFY)	1	2	3	Comments	Init.	F/U
BSC V5.1001.5	a) Electrical (outlets, switches, fixtures)						
BSC V7.15	b) Security/Locking Mechanism						
BSC V5.1001.8	c) Window Condition						
BSC V5.1001.3.6	d) Ceiling Condition						
BSC V5.1001.3.4	e) Wall Condition						
BSC V5.1001.3.2	f) Floor Condition						
BSC V5.1001.2/1001.8	g) Door Condition						
BSC V5.1001.8	h) Weather Stripping						
	i) Other (specify)						
Code Section	8. HALLWAY(S)	1	2	3	Comments	Init.	F/U
BSC V5.1001.5	a) Electrical (outlets, switches, fixtures)						
BSC V5.1001.8	b) Window Condition						
BSC V5.1001.3.6	c) Ceiling Condition						
BSC V5.1001.3.4	d) Wall Condition						
BSC V5.1001.3.2	e) Floor Condition						
BSC V5.1001.2/1001.8	f) Door Condition						
	g) Other (specify)						
GENERAL COMMENTS							

Signature of Inspector/Field Representative: _____ Date: _____

How long have you lived at this address? _____

Monthly rent _____

Do you like this program? Yes _____ No _____